

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$5,283.90 for dates of service 03/01/01 through 05/31/01.
- b. The request was received on 03/15/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No response noted in the case file.
3. According to the TWCC Dispute Resolution Information Case Activity Log Seq #6, dated 07/02/02 indicates, Additional information has not been received from the Requestor. Therefore, Insurance Carrier has not been sent additional information and as a result, has not responded. Insurance Carrier has not responded to the initial dispute as well. All information in the dispute packet will be determined in the decision. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement noted in the case file.
2. Respondent: No position statement noted in the case file.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 03/15/01 and extending through 05/31/01. Dates of service 03/01/01 through 03/14/01 are not within the jurisdiction of the Commission, because they have not been filed within one year of the dates of service in dispute, according to Rule 133.307(d)(2).

2. The explanation of denial codes listed on the EOBs are, COD1-F-T,N-DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301(B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED. A-THE TREATMENT RENDERED EXCEEDS THE PREAUTHORIZED TREATMENT REQUESTED AND/OR APPROVED. DOP-F-REIMBURSEMENT IS NOT ALLOWED WITHOUT THE REQUIRED DOCUMENTATION OF PROCEDURE AS DEFINED IN THE 04/01/96 TWCC MEDICAL FEE GUIDELINE. 73-F-THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/15/01 03/19/01 03/21/01 03/22/01 03/23/01 03/26/01 03/28/01 04/02/01 04/04/01 04/06/01 04/09/01 04/13/01 04/17/01	97113	\$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	F F F F F F F F F F F F F	\$52.00 (each 15 minutes)	MFG MGR (I)(A)(10) CPT descriptor	<p>The Carrier's denial for this CPT code is, <b>COD1-F-T,N-DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301(B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED.</b></p> <p>The dispute packet contains no medical documentation to support the services were rendered. Therefore, reimbursement <b>is not</b> recommended.</p>

03/16/01 03/19/01	97124 97124	\$140.00 \$140.00	\$56.00 \$0.00	F A	\$28.00 (each 15 minutes)	MFG MGR (I)(A)(10) CPT descriptor	<p>The Carrier's denial for this CPT code is, <b>CODI-F-T,N- DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301(B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED.</b></p> <p>The dispute packet contains no medical documentation to support the services were rendered. Therefore, reimbursement <b>is not</b> recommended.</p> <p><b>A-THE TREATMENT RENDERED EXCEEDS THE PREAUTHORIZED TREATMENT REQUESTED AND/OR APPROVED.</b></p> <p>Medical Dispute Resolution cannot determine that pre-authorization was required, because of a lack of documentation. Therefore, reimbursement <b>is not</b> recommended.</p>
03/22/01	99213	\$50.00	\$0.00	No EOB	\$48.00	MFG E/M GR (IV)(C)(2) CPT descriptor	<p>There was no EOB in the dispute packet to determine the denial of the charge. Therefore, the DOS in dispute will be reviewed as a fee.</p> <p><b>-"...TWO OF THE THREE KEY COMPONENTS</b> (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; ..." "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the three key components: an expanded problem focused history; an expanded problem focused examination; medical decision of low complexity."</p> <p>There is no medical documentation in the dispute packet that indicates that services were rendered. Therefore, <b>no</b> reimbursement is recommended.</p>
03/23/01 03/26/01 03/28/01 04/06/01	99078-22-B 99078-22-B 99078-22-B 99078-22-B	\$100.00 \$100.00 \$100.00 \$100.00	\$0.00 \$0.00 \$0.00 \$0.00	F F F F	DOP	MFG;MGR (I)(C)(8) CPT Descriptor	<p>The Carrier's denial for this CPT code is, <b>DOP-F-REIMBURSEMENT IS NOT ALLOWED WITHOUT THE REQUIRED DOCUMENTATION OF PROCEDURE AS DEFINED IN THE 04/01/96 TWCC MEDICAL FEE GUIDELINE.</b></p> <p>The dispute packet contains no medical documentation to support the services were rendered. Therefore, reimbursement <b>is not</b> recommended.</p>

MDR: M4-02-3346-01

04/02/01	99080-73-RR	\$15.00	\$0.00	F	\$15.00	TWCC Rule	The Carrier's denial for this CPT code is, <b>73-F-THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5.</b> The dispute packet contains no medical documentation to support the services were rendered. Therefore, reimbursement <b>is not</b> recommended.
05/31/01	99080-73-RR	\$15.00	\$0.00	F	\$15.00	129.5 (a) (2 - 4) 129.5 (i)(1)	
<b>Totals</b>		\$3,672.00	\$56.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 18<sup>th</sup> day of February 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb